

Death Benefit Beneficiary Designation

Employee Name: _____

Social Security Number: _____

Date of Hire: _____

Miami-Dade County Personnel Rules, Chapter VII, Section 4, provides for the following death benefit:

When a career employee dies and it has been determined that his survivors are not entitled to County provided job related death benefits, the County will pay to the employee's beneficiary, in addition to compensation for accumulated annual leave, compensatory time and other monies due the employee, the equivalent of two weeks' normal pay if the employee had less than 10 years of continuous County service, or four weeks' normal pay if the employee had 10 or more years of continuous County service, or as otherwise provided for in collective bargaining agreements.

Below please designate the person you choose to be the beneficiary of this benefit.

BENEFICIARY DESIGNATION

NAME (PRIMARY)	RELATIONSHIP
ADDRESS	SOCIAL SECURITY NUMBER
CITY	STATE ZIP

NOTE: CONTINUE BENEFICIARY LISTING ON REVERSE SIDE, IF NECESSARY: CHECK ☐

IF THE SAID BENEFICIARY PREDECEASES ME, I DESIGNATE AS CONTINGENT BENEFICIARY:

NAME (CONTINGENT)	RELATIONSHIP
ADDRESS	SOCIAL SECURITY NUMBER
CITY	STATE ZIP

Employee's Signature _____

Date _____

DISTRIBUTION: White-Personnel Dept., Admin. Serv. Div. — Yellow-Employee